

## Cross Ice Early Registration Form

### Cross Ice Information

Cross Ice is a city-run program that serves as the next step for anyone interested in continuing to learn the basics of hockey after Learn to Play. Participants concentrate on the fundamentals of the game with a strong emphasis on skill-based practices. Cross ice is the last step before entering into the HAWK program.

Full equipment is required for Cross Ice Hockey. If you need help with this, please reach out to Mike Fountain at [mfountain@walkericeandfitness.com](mailto:mfountain@walkericeandfitness.com)

### Cross Ice Season

October 8, 2022 - March 11, 2023

Fridays: 5-5:50pm Saturdays: 11-11:50am

### Cross Ice Cost Information

#### Cost: \$445

The cost includes: Ice Time, Jersey, Expert Instruction

Applicable deposit (\$100) is due with this registration. The remaining balance due is payable in full or in three equal installments of \$115, which are due on November 1, December 1, and December 31, 2022. Players will not be permitted to skate if fees remain unpaid after January 1, 2023.

For other payment information, please visit:  
[www.walkericeandfitness.com](http://www.walkericeandfitness.com)

- **Players must be registered with USA Hockey: [www.usahockey.com](http://www.usahockey.com). A copy of this paperwork must be on file with our facility.**
- **A copy of the skater's County issued BIRTH CERTIFICATE must be provided.**

These items can be emailed to: [ghendershot@walkericeandfitness.com](mailto:ghendershot@walkericeandfitness.com) or [mfountain@walkericeandfitness.com](mailto:mfountain@walkericeandfitness.com)

### Registration Form

Send completed form along with USA Hockey Registration information and copy of player's County-issued Birth Certificate to [ghendershot@walkericeandfitness.com](mailto:ghendershot@walkericeandfitness.com) or drop it off at the Walker Ice and Fitness Center.

#### Participant Information:

Player's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

*Complete waiver on next page*

Payment Options: Visa, Mastercard, Cash or Check. You can drop payment off at the WIFC Front Desk, pay via phone (616) 735-6286 ex. 6115 or contact Gillian at [ghendershot@walkericeandfitness.com](mailto:ghendershot@walkericeandfitness.com)

Walker Ice & Fitness Center is hereby relieved of any and all responsibility for any injury sustained by the above-named skater while participating in, or in transit to or from, any function or activity sponsored by Walker Ice & Fitness Center. Any and all claims against Walker Ice & Fitness Center precipitated by any such injuries are hereby waived. Permission is granted to the Walker Ice & Fitness Center to obtain any necessary emergency services at the expense of the undersigned, should injuries be incurred.

Permission is granted for photographs and pictures of my child(ren) and/or family members to be taken and released for Walker Ice and Fitness Center publications and website.

I agree to provide all of the required information and I understand and agree to comply with all terms and conditions herein. I have read and understand the HAWK Code of Conduct and do hereby agree to comply with all of the Rules of Conduct.

Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

For questions about Cross Ice and all other Ice Arena inquiries, please contact Ice Director Mike Fountain at [mfountain@walkericeandfitness.com](mailto:mfountain@walkericeandfitness.com)

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**For Office Use Only**

<b>Date</b>	<b>Payment</b>	<b>Staff Initial</b>
1. _____	\$ _____	_____
2. _____	\$ _____	_____
3. _____	\$ _____	_____
4. _____	\$ _____	_____

**Be sure to initial each payment and attach receipts**